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## **COVER LETTER**

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TO:

TO: Registration Se Division of Cor				
CALD DECKE	IAILS AND SPAILLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DANIELA QUEIPO			
		Name of Person		
	DANA'S NAILS AND SP			
	<u> </u>	Firm Company		. :
	2692 BAHIA RD			; ;
		Address		- (
	WEST PALM BEACH, FI	2, 33406		
		City/State and Zip Code		
	DQUEIPO95@ICLOUD.C			r: r.
For further information c	E-mail address; ( concerning this matter, please c	to be used for future annual report not all:	incation)	
DANIELA QUIEPO		786 99[8285		
Name o	of Person	Area Code Daytin	ie Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	LJ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
<u>Mailing Addres</u> Registration (		<u>Street Address:</u> Registration Se	ction	
Division of C	Corporations	Division of Cor	rporations	
P.O. Box 632		The Centre of T		O
Tallahassee,	というごう 14	ZHID IN, IMOREO	e Street, Suite 81	1)

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANA'S NAILS AND SPAILLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
he Articles of Organization for this Limited Liability Company w	ere filed on MARCH 3RD, 2023	and assigned
lorida document number L23000112645		
nis amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited liabilit</u>	y company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		( -
-		· :
		÷, j
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
_		
		L . La
<ol> <li>If amending the registered agent and/or registered office adogent and/or the new registered office address here:</li> </ol>	dress on our records, <u>enter the i</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	·
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

• i .

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	JIENLYS REYES FERRER	2706 BAHIA RD. WEST PALM BEACH FL. 33406	= Add
			_ 🗆 Remove
			=Change
AR	DANIELA QUEIPO		= Add
		2692 BAHIA RD, WEST PALM BEACH FL, 33406	<b>≡</b> Remove
			IChange
MGR	DANIELA QUEIPO	2692 HABIA RD, WEST PALM BEACH FL. 33406	<b>=</b> Add
		· . · · · · · · · · · · · · · · · · · ·	: □Remove
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Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing of ote:  If the date inserted in this block does not meet the applicable statutory frocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.i is filed.	m, on the earlier of: (b) The 90th day afte
MARCH 17TH 2023	

Filing Fee: \$25.00

Typed or printed name of signee